| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | Application or Docket Number | | | |
|---|--|---|-----------------------------|--------------------------------|--------------|------------------|------------|---|------------------------------|----|--------------|------------------------|
| | | CLAIMS A | S FILED - PART I (Column 1) | | | Column 2) | | SMALL ENT | חדץ | OR | OTHER | |
| U.S. NATIONAL STAGE FEES | | | | | Ì | ** | 7 | RATE | FEE | 1 | RATE | FEE |
| BASIC FEE | | | | | | | 1 | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | 12 | | | | 1 | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | | 1 | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minu | ıs 100 = | / 50 = | | | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 12 mir | nus 20 = | | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 2 m | inus 3 = | • | | | X \$ 100 = | | OR | X \$ 200 = | |
| MULTIPLE DEPENDENT CLAIM PRE | | | ESENT | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in co | | | | | | lumn 2 | | TOTAL | | OR | TOTAL | 9∞ |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3 CLAIMS HIGHEST | | | | | | 7 : | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| AMENDMENT A | 2/2/16 | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total - | 12 | Minus | " 4 |) | = | | X \$ 25 = | 1 | OR | X \$ 50 = | |
| | Independent | . 2 | Minus | *** 5 | · | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF M | ULTIPLE DEPE | LTIPLE DEPENDENT CL | | |] | + \$ 180 = | | OR | + \$ 360 = | |
| | | | • | • | | • | | FFF | | OR | TOTAL ADDIT. | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | , | | |
| AMENDMENT B | 4/06/20 | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | 12 | Minus | - 20 |) | - / | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | ·v | Minus | Z | > | = (| | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF M | ULTIPLE DEPE | NDENT (| CLAIM | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |
| | | | | | | | | | viviiii (| • | | |